

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION

Orig.
United States District Court
Southern District of Texas
FILED

MAR 02 2015

STATE OF TEXAS, ET AL,
Plaintiffs,

David J. Bradley, Clerk of Court

V.

CIVIL NO.B-14-254

UNITED STATES OF AMERICA, ET AL.,
Defendants,
_____ /

NOTICE OF APPEAL

The Intervenor Mitchell Williams hereby gives notice of his Appeal of the ORDER entered in this proceeding on February 11, 2015. Appeal is taken to the 5th Circuit Court of Appeals in New Orleans.

Mitchell Williams

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of this NOTICE to responding parties by U.S. Mail prepaid and addressed to; Office of the Clerk, U.S. Courthouse, 600 E. Harrison Street #101, Brownsville, Texas 78520-7114, Attorney General's Office of Texas 209 W. 14th Street, Austin, Tx 78701, Attorney General of the United States Erich Holder, Washington, DC 20500 FEB. 26, 2015

Mitchell Williams

Mitchell Williams
POB 33
Palatka, FL 32178
386 329-8603

U.S. CIRCUIT COURT OF APPEALS FOR THE 5th CIR.

For Official Use

Appellant or Petitioner: *Please print or type.*

Mitchell Williams

Petition for Waiver
of Fees/Costs -
Affidavit of Indigency

-VS-

Respondent:

STATE OF TEXAS, ET AL, UNITED STATES

Case No. _____

Under oath I state that because of poverty, I am unable to pay the costs of this action, proceeding, or appeal, or to give security for those costs, and request waiver of those costs. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.

Complete Section 1 or 2, as appropriate.

Section 1.

☒ I currently receive:

- ☒ Supplemental security income ☐ Relief funded under Wis. Stats. §59.53(21) ☒ Medical assistance
☐ Food stamps ☐ Relief funded under public assistance
☐ Benefits for veterans under §45.351(1) or 38 USC 501-562
☐ Legal representation from a civil legal services program, a public defender program, or a volunteer attorney program based on indigency. Name of program: _____
☐ Other means-tested public assistance: _____

My financial situation ☐ has ☒ has not changed since I became eligible for this program.

If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2 below.

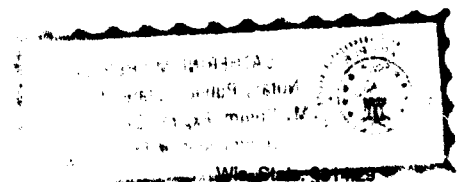
Section 2.

Complete this section only if you do not qualify under Section 1 above, or if the instructions for that section require you to complete it.

- I ☐ am ☐ am not married.
- I ☐ am ☐ am not employed. Name of employer: _____
- I earn \$ _____ gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
My take-home pay is \$ _____ per payperiod.
- I receive monthly income totaling the amount of \$ _____ from:
☐ Pension ☐ Social security ☐ Unemployment compensation
☐ Disability ☐ Student loans/grants ☐ Other: _____
- I have the following cash assets:
☐ Savings accounts: \$ _____ ☐ Cash: \$ _____
☐ Checking accounts: \$ _____ ☐ Money owed me: \$ _____
- I have the following other assets:
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Household furnishings: \$ _____
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Equity in real estate: \$ _____
☐ Other individual assets valued over \$200 each: _____ \$ _____

Continued on Page 2

File original with the Clerk of the Supreme Court – Court of Appeals.



Petition for Waiver of Fees/Costs- Affidavit of Indigency

Page 2 of 2

Case No. _____

Section 2 Continued:

7. My household consists of myself and _____ others:

Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No

8. The other members of my household have monthly income totaling the amount of \$ _____ from:

<input type="checkbox"/> Wages	<input type="checkbox"/> Social security	<input type="checkbox"/> Relief funded under public assistance	<input type="checkbox"/> Food stamps
<input type="checkbox"/> Pension	<input type="checkbox"/> Student loans/grants	<input type="checkbox"/> Unemployment compensation	<input type="checkbox"/> Supplemental security income
<input type="checkbox"/> Disability	<input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes	<input type="checkbox"/> Support/maintenance	
<input type="checkbox"/> Other: _____			

9. I do not receive income from any source because:

10. I have the following unusual debts or expenses, other than ordinary living expenses:

This can include attorneys fees or cash bail, if applicable.

Type:

Amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

11. Anticipated transcript costs for this appeal (as represented to me by the court reporter): \$ _____

Note:

- You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.
- If you are a prisoner who is requesting permission to file an appeal or other proceeding in the supreme court or court of appeals without having to pay fees or costs, you are considered to have consented to the court ordering the prison to deduct the unpaid fees and costs from the prisoner's account if you lose the appeal or other proceeding. Wis. Stats. §814.29(3).

Subscribed and sworn to before me

on 2-26-15

I understand that if my financial situation changes,

I must notify the court immediately.

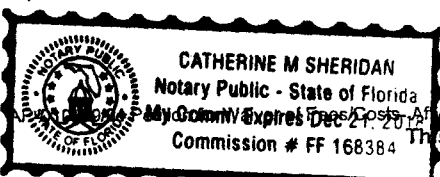
[Signature]

Notary Public/State of Wisconsin **FLORIDA**

My commission expires: 12-31-2018

[Signature] 2/26/15

Affiant Date



My Commission Expires Dec 31, 2018

Commission # FF 168384

This form may be supplemented with additional material.

Wis. Stats. §814.29

Michael Williams
POB 33
Palmdale, FL 32178

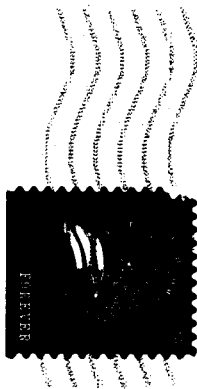
MAR - 2 2015

Postmark
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Office of Clark
U.S. Courthouse
600 E. Harrison St. #101
Brownsville, TX 78520-2114

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